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13281 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

15535 U.S. PTO
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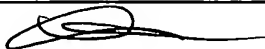
Address to: Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	CHEN3640/EM
	First Named Inventor (or identifier)	Yu-Wen CHEN
	Total Pages	37

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: Flip Chip Package

- ☒ 1. Submitted herewith are the following:
- 9 pages of specification, including claims and Abstract.
 - 2 sheets of FORMAL drawings (Figs. 1-3).
 - 17 claims.
 - 1 Oath/Declaration signed by each inventor.
 - 1 Application Data Sheet.
 - 1 Assignment of the invention to Advanced Semiconductor Engineering, Inc.,
Kaohsiung, Taiwan, R.O.C.,
Cover Sheet, and payment of the \$40 recordal fee.
 - 1 certified copy of Taiwan application no. 092109652. Priority is claimed.
 - 1 check in the amount of \$810 (\$770- Filing Fee; \$40- Assignment Recordation Fee).
- ☐ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -
- ☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -
- ☐ 6. Other: _____.

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00
Total Claims:	17	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	1	- 3 =	0	X \$86 =	\$0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176 23364 CUSTOMER NUMBER				Multiple Dependent Claim (add \$290.00):	\$0.00
				Subtotal:	\$770.00
				50% Reduction if Small Entity Status:	\$0.00
Phone: 703-683-0500		Fax: 703-683-1080		Total:	\$770.00
Date:	Name:		Signature:		Reg. No.
February 18, 2004	Eugene Mar				25,893